				Docket Number	
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				70012	8.401USPC
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 10/527,265				Filed	January 26, 2006
For G PROTEIN COUPLED RECEPTORS AND USES THEREOF					
Art Unit 1649			Exam John	iner D. Ulm	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a					
reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below);					
ice below).		Fee	Small E	ntity Fe	<u>e</u>
One month (37 CFR 1	.17(a)(1))	\$120	\$6	30	\$
Two months (37 CFR	1.17(a)(2))	\$460	\$2	30	\$
Three months (37 CFF	R 1.17(a)(3))	\$1050	\$5	25	\$ <u>525</u>
Four months (37 CFR	1.17(a)(4))	\$1640	\$8	20	\$
Five months (37 CFR	1.17(a)(5))	\$2230	\$1	115	\$
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has already been authorized to charge fees in this application to a Deposit Account.					
The Director is hereby authorized to charge the above fees, or credit any overpayment,					
to Deposit Account Number 19-1090.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the ☐ applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration No. <u>51,909</u>					
attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34					
/Carol D. Lah	/Carol D. Laherty/			Octobe	г 1, 2008
Signature			Date		
Carol D. Lahe	Carol D. Laherty, Ph.D.			06-622	-4900
Typed or printed name Telephone Number					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

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